



DEPARTMENT OF THE AIR FORCE  
AIR UNIVERSITY (AETC)

Date

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Evaluator's Rank, First Name, Middle Initial, and Last Name)  
(Evaluator's Unit of Assignment)  
(Unit of Assignment Address)  
(Base and Zip Code)

SUBJECT: Air Force Fitness Assessment (FA) and Body Mass Index (BMI) Certification

1. I certify that RANK/NAME completed the Air Force BMI and FA on DATE IAW AFI 36-2905, *Fitness Program*, DoDI 1308.3, *DoD Physical Fitness and Body Fat Programs Procedures*, and AFROTCI 36-2011 *Cadet Operations*.

Results are as follows:

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI 27.5 Max Weight: \_\_\_\_\_  
Body Fat Measurement if over BMI 27.5 Max Weight: \_\_\_\_\_

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run			Y / N
Push-ups			Y / N
Sit-ups			Y / N
Body Composition	1: _____ 2: _____ 3: _____ Avg: _____		Y / N
Category: Excellent	Satisfactory	Unsatisfactory	Total:

2. If you have any further questions, my duty phone number is DSN: (phone number), commercial (phone number), or e-mail address is (enter e-mail address.)

**(Evaluator's Signature)**

(Typed Name, Rank, USAF)

**\* Evaluator must be Unit Fitness Program Manager**

1st Ind, Certifying Officer's Office Symbol

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I certify that the FA and BMI conducted on (Applicant's Rank and Name) are valid, and administered by a unit fitness program manager.

**(Certifier's Signature)**

(Typed Name, Rank, USAF)

**\*Certifier and Duty Title must be a Flight Commander, First Sergeant or Squadron Commander**